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CONFIRMATION NO. 6406

Bib Data Sheet

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| <b>SERIAL NUMBER</b><br>09/827,563                                                                                                                                                                                                                                                                         | <b>FILING OR 371(c) DATE</b><br>04/06/2001<br><b>RULE</b>                                                         | <b>CLASS</b><br>056           | <b>GROUP ART UNIT</b><br>3671                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>P3098 |                                |
| <b>APPLICANTS</b><br>Marion Calmer, Alpha, IL;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/11/2001</b>                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                     |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |                                                                                                                   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>7                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>15           | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>33512                                                                                                                                                                                                                                                                                    |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                     |                                |
| <b>TITLE</b><br>STRATEGIC SPATIAL REALIGNMENT FOR ATTACHING CORNHEADS TO COMBINES                                                                                                                                                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>655                                                                                                                                                                                                                                                                          | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |